

**\$20.00 APPLICATION FEE DUE WITH EACH NEW BUSINESS LICENSE APPLICATION**

**CITY OF SEASIDE  
989 BROADWAY  
SEASIDE, OREGON 97138  
503-738-5511  
FAX 503-738-5514**

**APPLICATION FOR CITY BUSINESS LICENSE**

New Business \_\_\_\_\_ Change of Ownership \_\_\_\_\_ Change of Address \_\_\_\_\_ Name Change \_\_\_\_\_

In accordance with the provision of Section 12, Ordinance #70-47, adopted December 28, 1970, the undersigned hereby makes application for a City Business License and submits the following information:

BUSINESS NAME: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS DESCRIPTION: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

WILL CUSTOMERS BE COMING TO YOUR HOME? \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

**APPLICANT INFORMATION**

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ ST: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONTRACTORS ONLY**

CONTRACTORS STATE REGISTRATION # \_\_\_\_\_

NOTE: BUSINESS LICENSES ARE DUE JANUARY 1<sup>ST</sup> OF EACH YEAR. FEES LEFT UNPAID AS OF FEBRUARY 1<sup>ST</sup> ARE SUBJECT TO A PENALTY OF 50% OF THE SCHEDULED FEE.

**ADMINISTRATION USE ONLY**

CATEGORY: \_\_\_\_\_ APPLICATION FEE: \$20.00 LICENSE FEE: \_\_\_\_\_  
ACCOUNT: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ TOTAL AMOUNT PAID: \_\_\_\_\_

**ALL RESTAURANTS MUST BE INSPECTED & APPROVED BEFORE OPENING**